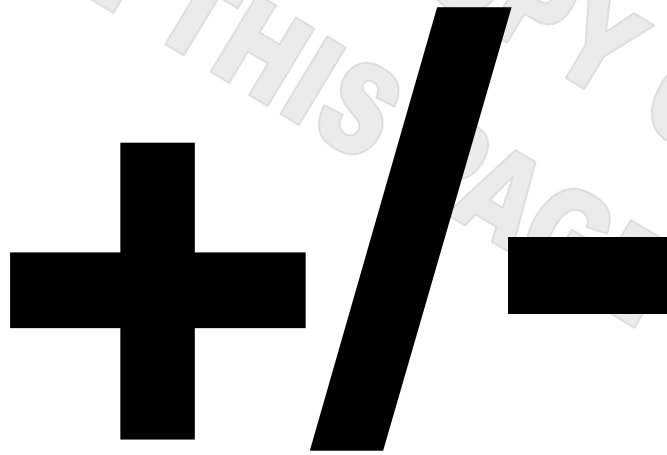


HOW TO CALCULATE CHILD SUPPORT



This packet contains a **Child Support Order** and
Parents Worksheet for Child Support

(FORMS ONLY)



SELF-SERVICE CENTER

HOW TO CALCULATE CHILD SUPPORT AND COMPLETE COURT PAPERS ON CHILD SUPPORT

(FORMS ONLY)

This packet contains court forms and instructions calculate child support and complete court papers on child support. Items in **BOLD** are forms that you will need to file with the Court. Non-bold items are instructions or procedures. Do not copy or file those pages!

Order	File Number	Title	# pages
1	DRS1ft	Table of Contents (this page)	1
2	DRSDS10f-c	"Sensitive Data Sheet in Cases With Minor Children" *	1
3	DRS12f	"Parents Worksheet for Child Support"	2
4	DRS81f	"Child Support Order"	4

*** Do not copy this document or provide a copy of this document to the other party**

The documents you have received are copyrighted by the Superior Court of Arizona in Maricopa County. You have permission to use them for any lawful purpose. These forms shall not be used to engage in the unauthorized practice of law. The Court assumes no responsibility and accepts no liability for actions taken by users of these documents, including reliance on their contents. The documents are under continual revision and are current only for the day they were received. It is strongly recommended that you verify on a regular basis that you have the most current documents.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner _____

Case No. _____

Respondent _____

ATLAS No. _____

**FAMILY COURT / SENSITIVE DATA
COVERSHEET WITH CHILDREN
(CONFIDENTIAL RECORD)**

Fill out. File with Clerk of Court. Social Security Numbers should appear on this form only and should be omitted from other court forms. Access Confidential pursuant to ARFLP 43(G)(1).

A. Personal Information:

Petitioner

Respondent

Name _____

Gender _____

☐ Male or ☐ Female

☐ Male or ☐ Female

Date of Birth (Month/Day/Year) _____

Social Security Number _____

**WARNING: DO NOT INCLUDE MAILING ADDRESS ON THIS FORM
IF REQUESTING ADDRESS PROTECTION**

Mailing Address _____

City, State, Zip Code _____

Contact Phone _____

Email Address _____

Current Employer Name _____

Employer Address _____

Employer City, State, Zip Code _____

Employer Telephone Number _____

Employer Fax Number _____

B. Child(ren) Information:

Child Name _____

Gender _____

Child Social Security Number _____

Child Date of Birth _____

C. Type of Case being filed - Check only one category.

**Check only if no other category applies*

☐ Dissolution (Divorce)

☐ Paternity

☐ Legal Separation

☐ *Legal Decision Maker
(Custody)/Visitation

☐ Annulment

☐ *Child Support

☐ Order of Protection

☐ Other

Interpreter Needed:

☐ Yes ☐ No

If yes, what language? _____

DO NOT COPY OR FILE THIS DOCUMENT. DO NOT SERVE THIS DOCUMENT TO THE OTHER PARTY.

Person Filing: (1) _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY⁽²⁾

PARENT'S WORKSHEET FOR CHILD SUPPORT

(3) Petitioner: _____ (4) Case No. _____

(3) Respondent: _____ (4) ATLAS: _____

(5) Total Number of Children: _____

(6) Parent with Primary Physical Custody:

Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.

☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.

☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 5e).

	<u>FATHER</u>	<u>MOTHER</u>
Gross Income (Pre-Tax Income. Before deductions.)	\$ _____ (9)	\$ _____
Spousal Maintenance Paid	\$ - (10)	\$ -
Spousal Maintenance Received	\$ + (11)	\$ +
Child Support Paid/Contributed	\$ - (12)	\$ -
Other Support of Children Paid	\$ - (13)	\$ -
Adjusted Gross Income	\$ _____ (14)	\$ _____
Combined Adjusted Gross Income	(15) \$ _____	
Basic Child Support Obligation	(16) \$ _____	
Plus Costs for:		
Medical/Dental/Vision Insurance	\$ _____ (17)	\$ _____
Childcare	\$ _____ (18)	\$ _____
Education Expenses	\$ _____ (19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____ (20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21) \$ _____	
Total Adjustments for Costs	(22) \$ _____	
Total Child Support Obligation	\$ _____ (23)	\$ _____

Case No. _____

	FATHER		MOTHER
Each Parent's % of Combined Income	_____ % (24)		_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____ (25)		\$ _____
Adjustment for Non Custodial Parent's Costs Associated with Parenting Time			
Using Table A <input type="checkbox"/> Table B <input type="checkbox"/>	\$ _____ (26)		\$ _____
No. of Days _____ = _____ % Adjustment (from table)			
x Line (16) \$ _____ (Basic Child Support Obligation)	\$ _____ (27)		\$ _____
Less Noncustodial Parent's Costs for:			
Medical/Dental/Vision Insurance*	\$ _____ (28)		\$ _____
Childcare*	\$ _____ (29)		\$ _____
Education Expenses*	\$ _____ (30)		\$ _____
Extraordinary/Special Needs Child Expenses*	\$ _____ (31)		\$ _____
*Subtract here <u>ONLY</u> if ADDED-IN items 17-20 above			
Adjustments Subtotal	\$ _____ (32)		\$ _____
Preliminary Child Support Amount	\$ _____ (33)		\$ _____
Self Support Reserve Test for Parent Who Will Pay			
Amount from Line (14) _____ (Adj. Gross Inc.)			
Minus Reserve Amount - \$903.00			
Total	= \$ _____ (34)		\$ _____
Child Support to be Paid by: Father <input type="checkbox"/> Mother <input type="checkbox"/>	\$ (35)		\$
Share of Travel Expenses Related to Parenting Time*	_____ % (36)		_____ %
*Only for expenses related to travel over 100 miles, one way.			
Share of Medical/Dental/Vision Costs Not Paid by Insurance	_____ % (37)		_____ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date

Signature of Parent

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner

Case No. _____

Date of Birth (Month, Date, Year)

ATLAS No. _____

Respondent

CHILD SUPPORT ORDER

A.R.S. § 25-503

Date of Birth (Month, Date, Year)

THE COURT FINDS THAT:

1. **Mother:** _____ and

Father: _____

have a duty to support the following children:

Child(ren)'s Name(s)

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. The required financial factors and any discretionary adjustments pursuant to the Arizona Child Support Guidelines are as set forth in the Parent's Worksheet for Child Support Amount, attached and incorporated by reference.

3. ☐ **Mother** ☐ **Father** is obligated to pay support to: _____

In the amount of: \$ _____ per month

4. Deviation (only in applicable cases)

- ☐ Application of the Arizona Child Support Guidelines in this case is inappropriate or unjust. The Court has considered the best interests of the child(ren) in determining that a deviation is appropriate.

The child support amount before deviation is: \$ _____

The child support amount after deviation is: \$ _____

- ☐ The Court finds the guidelines amount is inappropriate or unjust because:

- ☐ The attached written agreement is made part of this order by reference

- ☐ Other Reasons for Deviation from Guideline Amount:

Arrears

Child support arrears exist in the amount of: \$ _____

For the period of: _____ to _____

Interest

Interest in the amount of: \$ _____

For the period of: _____ to _____

Past Care and Support

A judgment for past care and support should be entered in the amount of: \$ _____

For the period of: _____ to _____

IT IS ORDERED THAT:

1. ☐ Mother ☐ Father shall pay child support in the amount of: \$ _____

per month, to: _____

First payment is due on the 1st day of: _____

2. ☐ **Mother** ☐ **Father** owes child support arrears in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

☐ **Mother** ☐ **Father** shall pay \$ _____ per month toward child support
arrears until paid in full, **OR**

☐ Arrears not addressed.

3. ☐ **Mother** ☐ **Father** owes past care and support in the amount of: \$ _____

For the period of: _____ to _____

Judgment is ordered in favor of: _____

and against: _____

In the principal amount of: \$ _____

☐ **Mother** ☐ **Father** shall pay \$ _____ per month toward
the past care and support amount until paid in full, **OR**

☐ Past care and support not addressed.

4. All payments shall be made through the Support Payment Clearinghouse pursuant to an "Income Withholding Order" signed this date. Any time the full amount of support ordered is not withheld, the person obligated to pay (the obligor) remains responsible for the full monthly amount ordered. Payments not made directly through the Support Payment Clearinghouse may be considered a *gift* unless you have a notarized affidavit signed by the other party agreeing that he or she received the payment and that it was for child support. All payments not made by Order of Assignment shall be made payable to and mailed directly to:

Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payments must include the payor's name, ATLAS number or Social Security Number.

5. Pursuant to A.R.S. § 25-322, the parties shall submit current address information in writing to the Clerk of the Superior Court and the Support Clearinghouse immediately. The payor shall within 10 days, submit the names and addresses of employers or other persons or organizations from which he or she is entitled to receive payment.
6. **The parties shall submit address changes within 10 days of the change.**
7. **MEDICAL, DENTAL, VISION CARE INSURANCE FOR MINOR CHILDREN**

☐ **Mother** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing ☐ medical ☐ dental ☐ vision care insurance.

8. The costs of medical/dental/vision care expenses not paid by insurance shall be shared as follows:
Mother _____ % **Father** _____%.
- Request for payment or reimbursement must be provided to the obligated parent(s) within 180 days after the services occurred. The obligated parent must pay or make payment arrangements within 45 days after receipt of the request.
9. The costs of travel related to parenting time over 100 miles one way shall be shared as follows:
Mother _____ % **Father** _____%
10. The parties shall exchange financial information such as copies of tax returns, earnings statements, a Parent's Worksheet for Child Support Amount, residential addresses and the names and addresses of their employers every 24 months.
11. The court allocates the federal tax exemption(s) for the dependent child(ren) as follows:

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

Each year, the person obligated to make payments (the obligor) may claim these exemptions only if the obligor has paid all child support and arrears ordered for the year by December 31 of that year.

If this is a modification of child support, all other prior orders of this Court not modified remain in full force and effect.

FINAL APPEALABLE ORDER. Pursuant to Arizona Rules of Family Law Procedure, Rule 81, this final judgment/decreed is settled, approved and signed by the court and shall be entered by the clerk.

Date

Judicial Officer